



Michigan Department of Health & Human Services

# Individual Home Help Provider Electronic Service Verification (ESV) Instructions

“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations

# Checklist

- For anyone completing an ESV:
  - ☐ Access CHAMPS
  - ☐ Record Daily Tasks
  - ☐ What to do if the client is NOT in the home
  - ☐ Log services for multiple clients

Call the Provider Support Helpline if you need assistance:  
1-800-979-4662

# MILogin for Third Party

User ID

Password

Password

LOGIN

Don't have an account?

SIGN UP

Forgot your User ID?

Forgot your password?

Need Help?


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- Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter <https://milogintp.Michigan.gov> into the search bar.
- Enter your **User ID** and **Password**.
- Click **Login**.

# MILogin for Third Party

[HOME](#)[REQUEST ACCESS](#)[UPDATE PROFILE](#)[SECURITY OPTIONS](#)[CHANGE PASSWORD](#)[LOGOUT](#)

## Home Page

 Your password will expire in **48** days

Access your applications by clicking on the application links below



Michigan Department of Health & Human Services (MDHHS)

**CHAMPS**

- Click the **CHAMPS** hyperlink.

## MILogin for Third

HOME REQUEST ACCESS

Your password will expire in 42 d

Access your applications by clicking on the a



Michigan Department

CHAMPS

## Terms &amp; Conditions

## CHAMPS

## Terms &amp; Conditions

The Michigan Department of Health & Human Services (MDHHS) computer information system (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an appropriate manner specific to the format type. All users of the systems give their expressed consent to the monitoring of their activities on the systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution. By accessing information provided by the Michigan Department of Health & Human Services computer information systems and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms,

CANCEL ✕

Acknowledge/Agree

- Click '**Acknowledge/Agree**' to accept the Terms & Conditions to get into CHAMPS.

\*



Atypical Access



\*

Select Favorite

 Go

- Your *Name* and *Provider ID* number will show in the top section.
- In the **Select Profile** drop-down menu, select **Atypical Access**.
- Click **Go**.

**CHAMPS** < My Inbox ▾ Provider ▾

Last Login: 07 JUN, 2018

Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal

Provider ID: [Redacted]

Name: [Redacted]

Latest updates

**System Notification**

Due to R10c-1.1 release, the CHAMPS system will be down between 7:00 PM EST Friday, March 23rd, to 2:00 AM Saturday, March 24th, 2018. This outage will affect the CHAMPS system access for all functionality.

**PROVIDER ENROLLMENT**

- New Enrollment
- Track Application

**MANAGE PROVIDER**

- Manage Provider Information

**ELECTRONIC SERVICE VERIFICATION (ESV)**

- ESV Member List**

**Calendar**

11:40 13 June 2018 Wednesday

2018 June						
Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	
←		Today			→	

**My Reminders**

Filter By [Dropdown] [Input] [Go]

Save Filters My Filters ▾

Alert Type	Alert Message	Alert Date	Due Date	Read
▲▼	▲▼	▲▼	▲▼	▲▼
No Records Found !				

- In the **Provider** drop-down menu, click **ESV Member List**.

My Inbox ▾
Provider ▾

Last Login: 30 JUL, 2018 11:43 AM
Note Pad
External Links ▾
★ My Favorites ▾
Print
Help

Provider Portal
ESV Member List

Close

Filter By ▾

And

Filter By ▾

And Operational Status

Active ▾

Go

Save Filters

My Filters ▾

Member ID ▲▼	Member Name ▲▼	Start Date ▲▼	End Date ▲▼	Operational Status ▲▼	Case Worker Name ▲▼
		06/01/2017	11/30/2017	ACTIVE	
		12/17/2016	12/31/2016	ACTIVE	
		12/01/2016	12/16/2016	ACTIVE	
		06/01/2018	11/30/2018	ACTIVE	
		01/01/2017	05/31/2017	ACTIVE	
		12/01/2017	12/31/2017	ACTIVE	
		01/01/2018	05/31/2018	ACTIVE	
		06/01/2016	11/30/2016	ACTIVE	

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- Click on the **Member Name** you provided services for.  
Please Note: Only the member names with authorization dates are listed.  
Click **Next** if there are additional pages listed.



My Inbox ▾
Provider ▾

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External Links ▾
My Favorites ▾
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Help

Provider Portal
ESV Member List
ESV Event Detail

Close
Show ▾

### ESV INFORMATION

Provider ID:
Member ID:

Case Worker ID:
Member Name:

Case Worker NAME:

Jul 30, 2018

Save
Edit
Comments
Member Unavailable

Task Name	Task Description	<input type="checkbox"/> Mark Complete	Task Comments
Shopping for Food/Meds	Shopping for Food/Meds 2 days per week	<input type="checkbox"/>	
Bathing	Bathing 7 days per week	<input type="checkbox"/>	
Grooming	Grooming 2 days per week	<input type="checkbox"/>	
Meal Preparation	Meal Preparation 7 days per week	<input type="checkbox"/>	
Housework	Housework 2 days per week	<input type="checkbox"/>	
Laundry	Laundry 2 days per week	<input type="checkbox"/>	
Dressing	Dressing 7 days per week	<input type="checkbox"/>	

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### CALENDAR

<

July 2018

>

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

ESV Information Saved

ESV Information Submitted

Click "Submit" to submit events for the current pay cycle

Submit

- Click the date on the calendar you provided services.  
Please Note: The log will always be on the current date when you first log on. To go back to the previous months, click on the < icon located by the Month.

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My Inbox
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Close
Show

### ESV INFORMATION

Provider ID:
Member ID:

Case Worker ID:
Member Name:

Case Worker NAME:

Jul 16, 2018

Save

Edit

Comments

Member Unavailable

Task Name	Task Description	<input type="checkbox"/> Mark Complete	Task Comments
Shopping for Food/Meds	Shopping for Food/Meds 2 days per week	<input type="checkbox"/>	
Bathing	Bathing 7 days per week	<input type="checkbox"/>	
Grooming	Grooming 2 days per week	<input type="checkbox"/>	
Meal Preparation	Meal Preparation 7 days per week	<input type="checkbox"/>	
Housework	Housework 2 days per week	<input type="checkbox"/>	
Laundry	Laundry 2 days per week	<input type="checkbox"/>	
Dressing	Dressing 7 days per week	<input type="checkbox"/>	

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### CALENDAR

July 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

ESV Information Saved

ESV Information Submitted

Click "Submit" to submit events for the current pay cycle

Submit

- Click the individual boxes for the individual services you provided, or click on the **Mark Complete** box if you provided all services on that day.
- Click **Save**.

Please Note: The date selected on the calendar will turn blue to indicate that the ESV information has been saved.

My Inbox
Provider

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ESV Member List
ESV Event Detail

Close
Successfully Completed
Show

### ESV INFORMATION

Provider ID:
Member ID:

Case Worker ID:
Member Name:

Case Worker NAME:

Jul 16, 2018

Save Edit Comments Member Unavailable

Task Name	Task Description	<input type="checkbox"/> Mark Complete	Task Comments
Shopping for Food/Meds	Shopping for Food/Meds 2 days per week	<input checked="" type="checkbox"/>	
Bathing	Bathing 7 days per week	<input checked="" type="checkbox"/>	
Grooming	Grooming 2 days per week	<input checked="" type="checkbox"/>	
Meal Preparation	Meal Preparation 7 days per week	<input checked="" type="checkbox"/>	
Housework	Housework 2 days per week	<input checked="" type="checkbox"/>	
Laundry	Laundry 2 days per week	<input checked="" type="checkbox"/>	
Dressing	Dressing 7 days per week	<input checked="" type="checkbox"/>	

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### CALENDAR

July 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

# ESV Information Saved # ESV Information Submitted

Click "Submit" to submit events for the current pay cycle

Submit

Please Note: DO NOT submit the ESV until you have completed all services required for the entire month.

- If a correction needs to be made, you can click **Edit** and **Save** before submitting.
- If you have not provided services on a day that has been authorized, please contact your Adult Service Worker to adjust the authorization.
- Once submitted you will no longer be able to make changes.
- Click **Submit**.

My Inbox ▾
Provider ▾

Last Login: 30 JUL, 2018 11:43 AM
Note Pad
External Links ▾
My Favorites ▾
Print
Help

Provider Portal
ESV Member List
ESV Event Detail

Close
Successfully Completed
Show ▾

ESV INFORMATION

Provider ID:

Case Worker ID:

Case Worker NAME:

Member ID:

Member Name:

Jul 16, 2018

Save

Edit

Comments

Member Unavailable

Task Name	Task Description
Shopping for Food/Meds	Shopping for Food/Meds 2 days per week
Bathing	Bathing 7 days per week
Grooming	Grooming 2 days per week
Meal Preparation	Meal Preparation 7 days per week
Housework	Housework 2 days per week
Laundry	Laundry 2 days per week
Dressing	Dressing 7 days per week

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Mark Complete

Task Comments

Message from webpage

By clicking submit:

-> Unsaved information will be lost.

-> Saved information cannot be modified.

OK

Cancel

CALENDAR

July 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

ESV Information Saved

ESV Information Submitted

Click "Submit" to submit events for the current pay cycle

Submit

- A confirmation pop-up will appear, click **OK** to confirm submission.

Michigan Department of Health & Human Services



## Terms and Conditions

1. I understand I am an employee of the client and not the Department of Human Services or the Michigan Department Of Health and Human Services.
2. I agree to report any changes in services to the DHS Adult Services Worker within 10 business days.
3. I agree that I cannot be paid if the client is unavailable; including but not limited to hospitalizations, nursing home or adult foster care stays.
4. I agree to repay the state of Michigan for any payment I receive in error or for services I did not provide.

By clicking on 'Agree', I certify that I have read and that I agree and accept the above terms and conditions.

[Close](#) [Agree](#)

## ESV Submission List

### Tasks selected for submission

Member ID	Member Name	Service DATE	Service Status
▲▼	▲▼	▲▼	▲▼
		07/16/2018	Saved
View Page: <input type="text" value="1"/> <a href="#">Go</a> <a href="#">Page Count</a> <a href="#">SaveToXLS</a> Viewing Page: 1 <a href="#">First</a> <a href="#">Prev</a> <a href="#">Next</a> <a href="#">Last</a>			

- Read the Terms and Conditions.
- Click **Agree** if you acknowledge and agree.



Close

Successfully Completed



## ESV Submitted List



ESV information successfully submitted

Member ID ▲▼	Member Name ▲▼	Service Date ▲▼	Service Status ▲▼
		07/16/2018	Submitted

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- The ESV has been successfully completed.  
Please Note: If you have another client, click **ESV Member List**. Click [here](#) for detailed information on submitting another client.
- Once you are finished completing tasks performed, log out.

# Provider Resources

- Home Help Provider Support Hotline  
1-800-979-4662
- Home Help Provider Support Email:  
[ProviderSupport@Michigan.gov](mailto:ProviderSupport@Michigan.gov)
- Home Help Website  
[www.Michigan.gov/HomeHelp](http://www.Michigan.gov/HomeHelp)